



## LIABILITY WAIVER AND RELEASE OF CLAIMS

**Speech Path & Pastures, LLC**

279 Oriole Drive, Starkville, MS 39759

601-502-6497 | speechpathandpastures@gmail.com

### PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

I, the undersigned, understand and acknowledge that participation in or attendance at a farm involves certain inherent risks, including but not limited to:

- Bites, scratches, or other injuries caused by animals
- Slips, trips, or falls due to uneven surfaces, animal waste, or natural terrain
- Allergic reactions to animals, hay, straw, or dust
- Exposure to zoonotic or vector-borne diseases (transmissible from animals to humans)

I acknowledge these and other possible risks and voluntarily assume full responsibility for any personal injury, illness, or property damage that may occur as a result of my (and/or my child's) participation or presence on the premises.

I further acknowledge that such risks could result in serious injury or death. I expressly and voluntarily assume all risks—whether foreseeable or not—and agree to release, waive, and discharge Speech Path & Pastures, LLC, its owners, volunteers, employees, agents, and affiliates from any and all liability, claims, demands, or causes of action arising out of or related to my presence or participation on the property, including those resulting from negligence, to the fullest extent permitted by law.

### **MEDICAL TREATMENT AUTHORIZATION**

In the event of injury or medical emergency, I authorize Speech Path & Pastures, LLC and its representatives to provide or seek emergency medical treatment as deemed necessary. I understand that I am solely responsible for all related medical expenses.

### **INDEMNIFICATION, SEVERABILITY, AND JURISDICTION**

I agree to indemnify and hold harmless Speech Path & Pastures, LLC and its affiliates from any claims, damages, losses, liabilities, or expenses (including reasonable attorney fees) arising from my (and/or my child's) participation or presence on the property.

If any provision of this waiver is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

This agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, and any legal action shall be brought in the appropriate court of that jurisdiction.

### **PHOTO / MEDIA RELEASE**

Please select one:

☐ I grant permission for Speech Path & Pastures, LLC to use photographs or video footage of me (or my child) taken during our visit for promotional or educational purposes, without compensation.

☐ I do not grant permission for Speech Path & Pastures, LLC to use photographs or video footage of me (or my child) taken during our visit.

### **CONSENT AND SIGNATURE**

By signing below, I confirm that I have read and understood this waiver and voluntarily agree to its terms.

If signing on behalf of a minor, I certify that I am the child's parent or legal guardian and that I consent to their participation under these terms.

Participant Name: \_\_\_\_\_

Signature (Participant or Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

If signing as Parent/Guardian, print your name: \_\_\_\_\_